



**POSTDOCTORAL FELLOWSHIP  
CLINICAL PSYCHOLOGY**

**TOGUS VA MEDICAL CENTER  
A Member of VA MAINE HEALTHCARE SYSTEM  
Augusta, Maine**

***PROGRAM GUIDE 2011-2012  
PROSPECTUS 2012-2013***

**Accredited by the American Psychological Association**

**Revised September 2011**

Periodic updates are available at:  
[www.maine.va.gov/psychtrain/](http://www.maine.va.gov/psychtrain/)

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**TOGUS VA MEDICAL CENTER  
1 VA CENTER  
AUGUSTA, MAINE 04330**

This program brochure describes the psychology postdoctoral fellowship positions available at the Togus Veterans Affairs Medical Center. The Psychology Section staff and associated faculty will be happy to discuss our interests in various training areas with you, and will assist you in integrating your interests with our training program.

**THE SETTING**

**Togus VA Medical Center**

The Togus VA Medical Center was established in 1866 as the first veterans' facility ("Soldiers' Home") in the country. The Medical Center is located on approximately 500 acres of spacious wooded grounds with streams and ponds, five miles east of Augusta, the capital of Maine. Nestled in the heart of Maine, a paradise for those who love the outdoors, we are within easy driving distance of the mountains, lakes, rivers, and seacoast ([www.visitmaine.com](http://www.visitmaine.com)). In addition to a Division of Veterans Benefits which administers those veterans benefits not directly related to health care, the VA Medical Center provides a broad range of health care services to veterans. The Medical Center provides complete facilities for medical, surgical, psychiatric, and nursing home care, including 86 beds assigned to mental health and nursing home care. Ambulatory care clinics for medical, surgical, and psychiatric outpatient care supplement the inpatient programs. The Medical Center is part of the VA Maine Healthcare System.

Most of our Medical Center's physicians are board-certified in one or more specialty areas, and all of our psychologists and physicians maintain current licensure in at least one state. In addition to predoctoral and postdoctoral training of psychologists, the Medical Center staff has also trained medical students, urology and ophthalmology residents, dental externs, physician assistant students, pharmacy students, nursing students, dietetics students, social work trainees, occupational therapy students, and physical therapy students. As a result, active in-service training and continuing education programs are available in all departments of the Medical Center.

**Mental Health Services**

Mental Health Services is a multidisciplinary entity which currently consists of approximately 116 staff members, including psychiatrists, psychologists, social workers, physician assistants, nurse practitioners, nurses, psychology interns and residents, rehabilitation technicians, secretaries and clerks. The Director of Mental Health Services is a psychiatrist.

## **Psychology Section**

Psychologists practice in all areas of the Medical Center, within Community Based Outpatient Clinics, and within the Home Based Primary Care program. One counseling psychologist is assigned to the Vocational Rehabilitation and Employment Division. Psychologists provide direct clinical services to veterans and their families, and consultation to other clinical staff and management. A psychologist serves as Director of Psychology.

Out of nineteen full-time, licensed psychologists within the VA Maine Healthcare System, seven doctoral-level psychologists currently serve as clinical supervisors within the Togus postdoctoral psychology residency program. Most of these work within the Psychology Section of Mental Health Service; one works in Primary Care Service. The psychology training class consists of two postdoctoral residents and three predoctoral interns each year. The training program also involves numerous associated professional faculty from Togus and other facilities in the community. The teaching faculty for the internship program consists of the psychologist supervisors and the associated faculty.

## **Demographic Features**

As the only VA Medical Center for the state of Maine, VA Togus offers several demographic features that enhance training. Among these are opportunities to professionally evaluate and treat:

- A predominantly rural population from small towns, farming communities, and fishing villages.
- A large French-speaking ethnic population, some of whom, though native born, speak French as their first language.
- People who are earning, or who have earned their living working in the mills, woods, fields, and waters of Maine.
- Alternative life style veterans who have come to Maine to be craftsmen and/or return to the land.
- A Native American population, some of whom live on reservations.

The VA Togus psychology fellowship offers you the opportunity to work with some of these unique populations so that your diverse training interests may be satisfied.

## THE TRAINING PROGRAM

### Accreditation Status

The Togus Psychology Postdoctoral Residency Program is accredited by the American Psychological Association (Commission on Accreditation of the American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123 TDD/TTY). The program was awarded initial APA accreditation effective March 19, 2010, with a next accreditation site visit to be held in 2017. Residents who complete the postdoctoral fellowship training program will receive a Certificate of Postdoctoral Residency in **Clinical Psychology**. Satisfactory completion of the postdoctoral training program meets postdoctoral supervised practice requirements for licensure in the state of Maine. Please note that it is up to you to ensure that your training meets requirements for any other state in which you plan to seek licensure.

### Program Philosophy and Model of Training

Within the Togus Psychology Postdoctoral Residency Program, we offer and implement advanced **Clinical Psychology** training within a rural psychology context, in accord with a scholar-practitioner model, and consistent with the *APA Guidelines and Principles for Accreditation of Programs in Professional Psychology*. In the process of rebuilding a formal research program, we identify with and conceptualize from a scientist-practitioner model. We offer advanced postdoctoral training within the traditional practice area of **Clinical Psychology**, with an emphasis in *Posttraumatic Stress Disorder/Mental Health*. We recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in a changing health care environment. At the postdoctoral level, we aim to train ethically grounded, culturally aware clinical psychologists with advanced competency in thoughtful development and application of evidence-based psychological assessment, treatment, and consultation skills for the benefit of persons and organizations, particularly within a rural environment.

The Psychology Training Program views the postdoctoral fellowship/residency as a bridge between the predoctoral psychology internship and entry-level psychological practice in clinical psychology. The general goals of our postdoctoral residency program are to integrate the theoretical, research, and applied aspects of graduate education and internship training with professional practice, to provide professional socialization and the development of professional identity, and to prepare the resident to function autonomously and responsibly as a practicing psychologist. Preparation for the national licensing examination in psychology is a specific part of this training.

At the internship level, the Togus Psychology Training Program seeks to develop professional psychologists with a general proficiency in the skills required to evaluate, treat, and consult with a broad range of potential clients. These professional skills are basic for the general clinical psychologist, and they serve as a foundation for any additional specialization. Building upon the foundational skills of internship, the Togus Postdoctoral Residency Program offers advanced training in the traditional practice area of **Clinical Psychology**.

## Competencies and Objectives

The overall goal of the Clinical Psychology fellowship is preparation for advanced practice competence in the traditional practice area of Clinical Psychology, consistent with the CRSPPP description of a recognized general practice specialty in *Clinical Psychology*. This fellowship is designed to provide an emphasis in the areas of *Posttraumatic Stress Disorder* and *Mental Health*, incorporating recognized standards such as relevant *VHA/DoD Clinical Practice Guidelines*.

Specific postdoctoral training goals for the Clinical Psychology fellowship are as follows:

- Advanced skill in the psychological evaluation, treatment, and consultation to patients and professionals sufficient to practice on an independent basis.
- Advanced understanding of posttraumatic stress disorder and other mental health disorders.
- Scholarly activity, e.g., submission of a study or literature review for publication or presentation (formal or informal), or submission of a grant proposal or outcome assessment (formal or informal).
- Formal evaluation of competency in the above-mentioned areas.
- Eligibility for state licensure or certification for the independent practice of psychology.
- Eligibility for board certification in clinical psychology by the American Board of Professional Psychology.

## Competency Domains

In order to achieve the program goals stated above, the Togus psychology postdoctoral fellowship requires that by program completion all residents demonstrate an advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the following four *competency domains*: Assessment, Psychotherapy, Consultation, and Professionalism.

Competency-based program requirements within each domain include the following specific, sequential, and measurable education and training objectives. Certain core requirements regarding minimum numbers and types of assessment, intervention, and consultation training experiences are recognized as a foundation that is necessary but not sufficient to ensure true qualitative competency in the professional practice of clinical psychology.

The Psychology Training Program intends to remain current with the literature and practice of competency-based psychology training for purposes of continuous quality improvement. Residents will participate in implementing and fine-tuning these competency-based program standards.

**Assessment.** The psychological assessment domain considers theories and methods of assessment and diagnosis. Residents are expected to further develop competence in the psychological assessment process, from receiving the referral question and selecting appropriate assessment procedures, through interviewing and observation, to integration of data and accurate diagnosis, and effective communication of results and recommendations through written and oral reports.

Residents are required to demonstrate proficiency and advanced competence in the following psychological assessment instruments: intake assessment (psychosocial history and mental status exam), WASI, MMPI-2, MCMI-III *or* PAI, Posttraumatic Stress Diagnostic Scale (PDS), PTSD Symptom Scale Interview (PSSI), and BDI-II. Such competency includes knowledge of the theory and literature behind the instrument, understanding of psychometric issues for the instrument, administration of the instrument according to standardized procedures, accurate scoring or summarizing of the instrument, and properly interpreting/integrating data from the instrument.

Residents are required to conduct a minimum of 30 psychological assessments per year. These assessments include the entire process of administration, scoring, interpretation, integration, and report writing.



**Psychotherapy.** The psychotherapy domain considers theories and methods of effective psychotherapy and intervention (including evidence-based practice). Residents are expected to further develop competence in the entire psychotherapy process: case conceptualization and evidence-based treatment planning, establishment of the therapeutic relationship and therapeutic conditions, provision of appropriate interpretations and use of therapeutic techniques, management of therapeutic boundaries and dynamics of the therapeutic relationship, psychotherapy termination, and proper documentation and demonstration of therapy effectiveness. Psychotherapy conceptualization integrates both change-based (i.e., cognitive-behavioral) and acceptance-based (i.e., mindfulness and acceptance) modes of therapy.

With regard to therapeutic modalities, residents are expected to gain experience with minimum numbers and types of psychotherapy cases. Residents are expected to work with at least sixteen brief and/or long-term psychotherapy cases (individual, marital/conjoint, or family), with an emphasis on short-term therapy. They are similarly expected to gain experience with a minimum of at least four psychotherapy groups during the residency year. Residents are required to gain therapy experience in working with at least two different age groups (adult, elder adult) and at least three different diagnostic groups (in accord with DSM-IV-TR classification categories).

Consistent with the contemporary need for effective and efficient treatment approaches, residents are required to gain proficiency in at least three evidence-based treatments. Competency in this area is understood to include knowledge of any applicable manualized evidence-based treatment approach, with adaptation of the treatment approach as needed to meet the needs of the current treatment population. The residency attempts to provide opportunities for training in numerous evidence-based treatments, including the following: prolonged exposure therapy for PTSD (Foa & Rothbaum, 1998), Cognitive Processing Therapy for PTSD (Monson et al., 2006), Seeking Safety cognitive behavior therapy for PTSD and addictions (Cook et al, 2006), Acceptance and Commitment Therapy (Hayes et al., 2006), Mindfulness-Based Stress Reduction (Baer, 2003), Motivational Interviewing (Burke et al., 2002), cognitive behavior therapy for generalized anxiety disorder (Zinbarg et al., 1993), cognitive behavior therapy for panic disorder (Barlow & Craske, 1994), exposure and response prevention for obsessive-compulsive disorder (Riggs & Foa, 1993), cognitive behavior therapy for social phobia (Heimberg, 1991), stress inoculation training for coping with stressors (Saunders et al., 1996), cognitive therapy for depression (Beck et al., 1979), dialectical behavior therapy for personality disorder (Linehan et al., 1991), social skills training for schizophrenic patients (Bellack et al., 2004), and cognitive behavior therapy for pain (Keefe et al., 1990). Residents are expected to demonstrate advanced understanding of clinical practice guidelines for PTSD through successful completion of a VA online course in clinical practice guidelines for management of traumatic stress.

**Consultation.** The consultation domain is a broad category that considers the various roles of the professional psychologist other than assessment and psychotherapy, including theories and/or methods of consultation/presentation/supervision, program development/evaluation/administration, and scholarly activity/research utilization.

*Consultation/Presentation/Supervision:* Residents are required to demonstrate effective clinical consultation to the multi-disciplinary treatment team. This may take place within the treatment team meeting or individually with relevant providers. Residents participate as a regular staff member at team meetings for selected patients, for the purpose of treatment planning, evaluation, and the assignment of responsibilities to the various team members. Residents may provide clinical consultation to primary care providers and various mental health providers, and they may provide training to staff in relevant areas of expertise.

To develop facility in teaching within a medical center context, residents are required to present at least one case conference and at least two evidence-based seminar presentations per training year. They are also expected to facilitate at least two journal club discussions per training year.

Each post-doctoral resident is required to provide effective clinical supervision to one or more pre-doctoral interns for a minimum of three individual patient cases per residency. This post-doctoral supervision is conducted under the primary supervision of a responsible supervising practitioner who is a licensed psychologist.

*Program Development/Evaluation/Administration:* In order to gain experience in the organizational and administrative aspects of the profession, residents are required to design and implement a program development project, that is, to contribute toward the development of at least one psychological assessment, intervention, or consultation program during the training year. This might include developing a treatment or program administration manual, developing a directory of treatment or training resources, or coordinating a clinical supervision group for staff and interns. Such projects by recent residents have included contributing toward the development and management of a Mental Health Clinic administration manual, an ACT for PTSD treatment program manual, a telehealth psychotherapy program, a primary care consultation program, and coordination of an ACT Clinical Supervision Group.

Residents are also expected to complete at least one informal program evaluation/quality improvement project related to an assessment, treatment, or consultation program. The goal is to cultivate a scientist-practitioner climate and attitude whereby a resident learns to review the literature for appropriate measures, identify appropriate norms, and apply such measures as a clinical scientist. This could involve pre-post evaluation of a group therapy program, pre-post evaluation of a cohort of individual psychotherapy patients participating in the same treatment, or a well-designed “n of 1” study involving multiple measures at pre-, mid-, and post-intervention. Within such projects, previous residents have frequently used measures such as the Acceptance and Action Questionnaire (AAQ) and the Valued Living Questionnaire (VLQ).

We continue to develop opportunities in the areas of clinical, training, and research program administration. In order to gain experience in these areas, residents are required to serve on a relevant medical center committee, professional organization, or other equivalent activity. Previous residents have served on various mental health or medical center committees or teams, such as the Disruptive Behavior Committee (DBC), Root Cause Analysis (RCA) Team, Pain Management Oversight Committee (PMOC), Un-Smoking Committee, and Mental Health Redesign Team.

Residents are required to coordinate a portion of the professional psychology seminar, which includes topics related to administration, organization, and management. Brief required readings and online training in these areas will be discussed as part of this seminar series. Residents are also required to participate in appropriate components of the internship selection process. As opportunities permit, residents may gain experience in grant writing.

*Scholarly Activity/Research Utilization:* Our medical center is currently in the process of rebuilding its research infrastructure, and thus our ability to offer formal research training is in the process of development. We seek to facilitate the integration of science and practice across the curriculum, reflected in our assessment and psychotherapy training, as well as in the consultation, presentation, supervision, program development, program evaluation, and program administration requirements and opportunities noted above. Scholarly activity requirements for the resident may be met through informal scholarly activity and/or through formal research.

Results of program development requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the medical center. This might include a treatment manual and/or clinical protocol that could be presented within a seminar, case conference, or clinical team meeting.

Results of program evaluation/quality improvement requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the medical center. This might include a formal write-up of results, a detailed “*n* of 1” progress note, and/or a data summary that could be presented within a seminar, case conference, or clinical team meeting.

In order to develop the habit of application of the empirical research literature and critical thinking to professional practice, residents are required to conduct at least four literature reviews during the course of the training year. At least one literature review must consider a relevant topic of ethnic and/or cultural diversity. Results of literature review requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the medical center. This might include an annotated bibliography and/or clinical protocol that could be presented within a seminar, case conference, or clinical team meeting.

Residents may also design and implement a formal clinical research project, and report the results in a manner suitable for formal submission as a presentation and/or publication. Research projects that would advance evidence-based practice are particularly encouraged.

**Professionalism.** The professionalism domain considers professional and ethical behavior, including issues of cultural and individual diversity. This involves participation in supervision, interprofessional behavior, ethical behavior, work habits, and professional development. Residents are encouraged to attend at least one professional psychology conference during the training year, pending availability of funding.

Residents are expected to seek supervision, to be prepared for supervision sessions, and to use supervisory suggestions in their clinical work. They should be able to relate professionally with patients and multidisciplinary team members.

Residents are expected to adhere to the current APA *Ethical Principles of Psychologists and Code of Conduct*, the ASPPB *Code of Conduct*, and state and federal law. They should develop sensitivity to ethnic, cultural, gender, and disability issues. They should understand their own professional limitations and not practice beyond their abilities.

Residents are expected to develop good work habits, including keeping appointments, effectively managing time, and completing work on time. Residents should take responsibility for professional development, including establishing and monitoring training goals, obtaining supplementary educational experiences, and engaging in appropriate career planning and job search activities.

## The Fellowship Year

In order to accommodate various internship completion dates, the fellowship start date is flexible, between July 1 and September 1. To develop competency as a clinical psychologist, residents are required to satisfactorily complete 2,080 hours of training during each fellowship year. The **Clinical Psychology** fellowship represents a one year appointment.

During the training year, residents will complete training experiences with at least two different supervisors within their respective program. During a typical week, clinical psychology residents have spent an average of about 13 hours (or 33% of their time) in direct service delivery. The resident's schedule also typically includes over two hours of individual supervision and about three hours of group supervision or other structured learning activities per week, including about two hours of didactic seminars per week. Clinical programs related to training in the Clinical Psychology practice area are described under Training Practice Areas below.

During an initial one-week orientation, each training supervisor will introduce residents to the nature of his or her clinical area and the potential training experiences. A variety of other orientation activities will quickly familiarize you with the Mental Health Service and the many functions of the Medical Center. The Psychology Training Committee will assist you in planning your program and individual training goals. During this orientation period, the resident will meet with the primary supervisors to consider training needs, interests, and goals for the fellowship year, including baseline self-assessment utilizing the *Psychological Competencies Evaluation* described below. Recognizing that residents enter this stage of their training with varied experiences and competencies, an initial *Individualized Plan of Study* and any relevant training rotation contracts are developed which define how the core competencies will be met during the program. This plan identifies areas of existing strengths and weaknesses and serves as a guide for experiences to be gained during the fellowship. The plan includes specific experiences to be obtained during the training year, with a focus on providing sufficient training experiences to allow for formal evaluation of competence in the core domains of assessment, psychotherapy, consultation, and professionalism. The individualized plan of study is tailored to identify how fellowship experiences will place the resident on course to reach full professional competence and proficiency, including conformity to exit criteria within the clinical psychology practice area. It is reviewed and formalized four months into the program, concurrent with the initial competency evaluation.

## Supervision, Evaluation, and Completion

**Supervision.** Our program incorporates a competency-based and developmental approach to clinical supervision. Supervisors assign graduated levels of responsibility. Residents work with their supervisors on a daily basis. They receive a minimum of at least two hours of individual supervision and four hours of total supervision or structured learning activities each week. Training methods include didactic instruction, role-modeling and observational learning, experiential practice, supervisory or consultative guidance, mentoring, and professional socialization.

Residents are encouraged to establish supplementary training relationships with fellowship program faculty who are not assigned as their principal supervisors. The focus of these relationships may be broader and less formal than that of the supervisor/resident relationship and may encompass career direction, professional development, and mutual professional interests.

Residents participate in a collegial fashion with the professional staff in Psychology Section activities. Residents serve as full voting members of the Psychology Training Committee, with the exception of certain intern/resident selection and/or evaluation roles.

**Evaluation.** Residents maintain a *Psychological Competencies Log*, an automated electronic spreadsheet which summarizes the specific training requirements described above and provides a mechanism for documenting their completion. Copies are provided to the supervisor and Training Director at the completion of each rotation.

For each of the two 6-month rotations, the resident meets twice (at the mid- and end-points of the rotation) with the primary rotation supervisor for a formal evaluation session, using our *Psychological Competencies Evaluation* (for a total of four evaluation points at 3, 6, 9, and 12 months). For any shorter-term supplemental training rotations, the supervisor and the resident meet for this formal evaluation at the mid-point and end of the rotation. The purpose of these meetings is to ensure communication about strengths and weaknesses, potential problem areas, and level of satisfaction with the overall direction of the rotation. At these intervals, written evaluations utilizing this form are provided to the resident to provide timely feedback for any needed correction or development.

At the completion of each rotation, your supervisor will thoroughly evaluate your attainment of competency-based program requirements in the domains of Assessment, Psychotherapy, Consultation, and Professionalism, using the *Psychological Competencies Evaluation*. On this form, competencies are operationalized as primarily behavioral statements of observable and measurable tasks and abilities that are to be expected of successful entry-level psychologists. Competencies are graded according to the decreasing level of supervision required and increasing independent practice demonstrated, using the *Competency Scale* (see following page). Residents are expected to attain a competency level where they require only *independent or collegial* supervision on core tasks by the end of the fellowship year. Supervisors will use this scale to rate your level of competency on specific tasks, on each domain, and for the rotation as a whole. Supervisors use this competency-based evaluation approach to determine whether a rotation is passed or failed.

## **COMPETENCY SCALE**

### **FOR ASSESSMENT, PSYCHOTHERAPY, AND CONSULTATION DOMAINS**

#### **NOT APPLICABLE (N/A)**

This task is not applicable or there has been no opportunity to observe or evaluate this task.

#### **UNSATISFACTORY (U)**

The trainee is performing a task unsatisfactorily and remedial action must be taken.

#### **LEVEL 1: CLOSE/DIRECTIVE SUPERVISION**

The trainee requires direct observation or supervision during the application of the task or needs basic instruction before applying this task to patients.

Initially assumed of all practicum students and predoctoral interns.

Cannot supervise other trainees.

#### **LEVEL 2: CONSIDERABLE/INTERACTIVE SUPERVISION**

The trainee does not require direct observation or supervision as above, but requires some continued instruction and monitoring of the competency with which the task is performed and documented.

Goal of practicum students on all tasks.

Expected of incoming predoctoral interns on all core tasks.

Cannot supervise other trainees.

#### **LEVEL 3: INTERMEDIATE/COLLABORATIVE SUPERVISION**

The trainee requires moderate supervision, with less need for instruction and monitoring.

Expected of mid-year predoctoral interns on all core tasks.

May supervise trainees with lower competency levels on certain tasks.

#### **LEVEL 4: MINIMAL/CONSULTATIVE SUPERVISION**

The trainee needs little supervision, and the supervisor can rely primarily on summary reports by the trainee.

Goal of predoctoral interns on core tasks.

**Expected of incoming postdoctoral residents on all core tasks.**

May supervise trainees with lower competency levels.

#### **LEVEL 5: INTERDEPENDENT/MONITORING SUPERVISION**

The trainee has the ability to perform this task nearly independently, with limited need for monitoring.

Expected of mid-year postdoctoral residents on all core tasks.

#### **LEVEL 6: INDEPENDENT/COLLEGIAL SUPERVISION**

The trainee has the ability to perform this task independently at a collegial level (required supervision provided).

**Goal of postdoctoral residents on core tasks.**

Expected of staff psychologists.

#### **LEVEL 7: ADVANCED PRACTICE**

The trainee has the ability to perform this task at an advanced independent level (required supervision provided).

Rare and truly extraordinary in a trainee.

Expected of advanced practice psychologists.

### **FOR PROFESSIONALISM DOMAIN (and EBTs)**

#### **UNSATISFACTORY (U)**

The trainee is performing a task unsatisfactorily and remedial action must be taken.

#### **NEEDS IMPROVEMENT (NI)**

The trainee needs some improvement in this task.

#### **SATISFACTORY (S)**

The trainee is performing a task satisfactorily.

**Completion.** Satisfactory final evaluations from all supervisors (Level 6 competency on all relevant domains), successful completion of all minimum competency requirements (including previously specified postdoctoral training goals), and completion of at least 1,792 actual fellowship hours (2,080 hours less maximum allowable leave) are necessary for satisfactory completion of the fellowship. The Psychology Training Committee certifies satisfactory completion of the fellowship, after review of the recommendations of the Psychology Training Director.

Our competency-based training process is sequential and cumulative throughout the duration of the fellowship. The *Psychological Competencies Summary* records a cumulative summary of resident progress throughout the year across all training rotations in the four competency domains of Assessment, Psychotherapy, Consultation, and Professionalism. It summarizes an overall competency rating and pass/fail status for each training experience. This form is administered and kept by the Training Director in the individual resident's personnel file. It is reviewed by the Training Committee to arrive at final competency ratings in each domain and an overall competency rating. These ratings are used to determine whether or not a resident has successfully completed the fellowship, i.e., whether or not he or she demonstrates the core competencies expected of an entry-level psychologist.

Disagreements regarding rotation evaluations or fellowship completion are governed by a conflict resolution procedure that may involve internal appeal to the Psychology Training Committee. If necessary, a reciprocal agreement allows for an external appeal to the psychology training program of another Medical Center within the VA New England Healthcare System.

The Togus Psychology Training Program is committed to continuous quality improvement. At the end of each rotation, residents are asked to complete a *Rotation/Supervisor Evaluation* that looks at the degree to which rotation training objectives were met within the various competency domains. It also requests feedback regarding the supervision relationship, the supervisor's training style, and facilitation of professional development. Upon completion of the residency, residents are requested to provide their perspectives regarding the fellowship on the *Resident Completion Survey*. We are also interested in the professional development of residents who complete our program. Utilizing our *Resident Alumni Survey*, we will follow your career and accomplishments for six years after fellowship completion. This survey includes questions regarding your post-fellowship employment setting and activities, licensure, professional achievements, and your feedback regarding how well the Togus psychology fellowship has prepared you for professional practice.



## **Stipends and Benefits**

For 2011-2012, residents will receive a per annum training stipend of \$42,239. Each training year begins between July 1 and September 1 and ends twelve months later between June 30 and August 31. All full-time VA psychology fellowships are designated as 2,080 hours per year, including 10 excused federal holidays, 13 days of accrued annual vacation leave, and up to 13 days of earned sick leave.

Your fellowship appointment provides optional medical and life insurance benefits for which you would pay a share of the premium. An Employee Assistance Program provides no cost assessment visits.

Each resident receives use of well-appointed, individual office space with a personal computer linked to the local area network. Residents will also have access to SPSS statistical software on their computer desktop. Athletic facilities are available on site. The Medical Center has an excellent, fully staffed medical library. This exceptional resource can be used to access literature searches, journal articles, and books at no cost to you. Through the library's intranet web pages, residents have personal desktop access to PsycInfo, PsycArticles, Proquest Psychology Journals, PubMed, Academic Search Premiere, MD Consult, and/or other similar databases.

Professional development and research activities are encouraged to the extent possible. Authorized absence may be granted with appropriate approval for participation in professional psychology conferences, off-site research time only if of direct benefit to the VA, and job interviews only with a federal agency. Any other off-site activities, research time, and job interviews would require use of annual leave.

Residents participate as part of a community of learners comprised of faculty, residents, and interns. Residents are encouraged to work diligently during their time at the medical center, but to maintain balance in their lives by taking advantage of the many recreational and cultural opportunities available out and about in the state of Maine.

## CLINICAL PSYCHOLOGY PRACTICE AREA

The Department of Veterans Affairs as a whole has in recent years undergone one of the most extensive reorganizations in its history. While Togus continues to provide inpatient psychiatric services, there is increased emphasis on outpatient mental health services, including planned short-term change and brief treatment models. Clinically, we have moved toward psychiatric primary care, while maintaining areas of specialty mental health care. We encourage candidates to stay in touch regarding any changes in this relatively new postdoctoral program that might occur during the application process.

The **Clinical Psychology** resident receives postdoctoral training in Clinical Psychology, with an emphasis in the areas of *Posttraumatic Stress Disorder* and *Mental Health*. The primary supervisor is a psychologist within the PTSD Intensive Outpatient Program. Other supervisors include the psychologist team leader of the Togus PTSD program, two other VA psychologists specializing in PTSD, the integrated primary care psychologist, and the primary care health behavior coordinator psychologist. Consultants include the VA psychologist in the outpatient mental health clinic, a psychologist within a medical family practice residency, the psychologist/clinical director of a community mental health center, a psychologist within a state psychiatric hospital outreach program, a professor of psychology, and the Togus Research and Development Coordinator.

### Emphasis Areas

The **Clinical Psychology** fellowship provides an emphasis in the areas of *Posttraumatic Stress Disorder* and *Mental Health*. All residents train in the emphasis area of Posttraumatic Stress Disorder. Depending upon career interests and goals, and by virtue of the training rotation settings selected, residents may also pursue the additional emphasis area of Mental Health.

*Posttraumatic Stress Disorder.* This area emphasizes assessment and treatment of individuals with posttraumatic stress disorder. The training settings for this area include the PTSD Intensive Outpatient Program (IOP) and the PTSD Clinical Team (PCT).

*Mental Health.* This area emphasizes assessment and treatment of individuals with other mental health disorders, including depression, anxiety, substance-related, cognitive, psychotic, and adjustment disorders. The training setting for this area is the Integrated Primary Care (IPC) Team.

## Training Settings

Residents within the **Clinical Psychology** practice area develop a program to train within the PTSD Intensive Outpatient Program (IOP), with the opportunity to provide clinical, consultation, program development, and/or staff training services within other settings that provide services to veterans with posttraumatic stress disorder and other types of mental illness. The training year consists of sequential six-month training rotations, which are designed to provide depth and breadth of training with posttraumatic disorder and other mental health conditions. A typical schedule for the one-year training plan would involve five days per week for six months in the PTSD IOP, and a total of five days per week for the alternate six months within one or both of the other training rotation settings described below.

ROTATIONS	Months	Days/Week
<i>Required:</i>		
PTSD Intensive Outpatient Program (IOP)	6	5
<i>Choice of one or both of the following (totaling 5 days per week)</i>		
PTSD Clinical Team (PCT)	6	5 or 3
Integrated Primary Care (IPC)	6	5 or 2

**PTSD Intensive Outpatient Program (IOP).** The PTSD Intensive Outpatient Program provides training in specialized psychological assessment, psychotherapy, and consultation regarding veterans with symptoms of military-related posttraumatic stress. Within the program, psychotherapy is conceptualized from an Acceptance and Commitment Therapy (ACT) perspective. ACT is a behaviorally-based intervention that is designed to target and reduce experiential avoidance and cognitive entanglement while encouraging veterans to make life-enhancing behavioral changes that are in accord with their personal values. ACT involves a focus on both acceptance/mindfulness and change strategies. Consistent with this approach, residents become adept at facilitating groups in mindfulness, acceptance, and valued life directions. The program utilizes both group and individual treatment. ACT is primarily done within a group format. Most veterans attend intensive group treatment for one week, with possible time limited individual work being done after completion of the group treatment. Residents may choose to provide clinical consultation and/or staff training to one of the five Veterans Outreach Centers within the state. The primary supervisor for this rotation is a psychologist within the PTSD IOP.

**PTSD Clinical Team (PCT).** This outpatient PTSD program provides evidence-based treatment and education services to veterans affected by military-related trauma. Multidisciplinary team members include psychologists, social workers, and a psychiatrist. Psychological services provided include assessment, treatment planning, individual and group psychotherapy, team consultation, and program development. Within the program, psychotherapy is conceptualized primarily from a cognitive-behavioral perspective, including use of evidence-based Cognitive Processing Therapy (CPT) for PTSD and Prolonged Exposure Therapy for PTSD. Current group offerings include an Understanding PTSD class, Seeking Safety group for PTSD and substance abuse, anger management group, depression management group, sleep improvement class, and psychoeducation group for family members of veterans suffering from PTSD. Anticipated future offerings may include a stress management group, couples therapy group for veterans with PTSD, and a military sexual trauma group. Residents may choose to provide clinical consultation and/or staff training to one of the five Veterans Outreach Centers within the state. Supervisors include the psychologist team leader of the PCT and two other VA psychologists specializing in PTSD or PTSD/substance abuse.

**Integrated Primary Care (IPC) Team.** A recent VA initiative has been to integrate mental health and primary care services, serving the whole veteran in the primary care setting. The Integrated Primary Care (IPC) Team at Togus VAMC consists of clinical psychologists and social workers who work in the primary care clinic to provide front-line mental health services, as well as to support primary care providers in treating veterans with mental health problems not severe enough to necessarily warrant referral for specialty services. Responsibilities of a postdoctoral resident choosing this rotation would include conducting screening assessments of conditions such as depression, anxiety, substance use, and cognitive problems, with a major focus of these assessments being to help triage patients and determine the most appropriate level of care. Another key responsibility would be to consult to both medical and mental health providers, including the multidisciplinary IPC team, ranging from brief discussions to conjoint sessions with the patient and all those involved in his/her care. The third major responsibility would be to provide short-term, evidence-based psychotherapy in the primary care setting to veterans identified as likely to benefit from this level of care. This will include facilitating or co-facilitating brief “mental health workshops” on topics such as anger management, sleep improvement, and depression management. There may also be opportunities to provide tele-mental-health services to veterans who live at a distance from the medical center using new technologies already being implemented in the VA system. Residents may provide groups such as coping skills, Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction (MBSR), and social skills training. Residents may provide consultation to the Women Veterans Program. The primary supervisor for this rotation is an IPC psychologist. A secondary supervisor is the Health Behavior Coordinator psychologist.

## SEMINARS

Didactic experiences are considered to be an integral part of postdoctoral training. Postdoctoral residents participate in a number of *required* seminars related to their practice area, along with numerous other *optional* didactic learning experiences, as specified below:

### **Professional Psychology Seminar**

This primary *required* seminar series seeks to facilitate the professional development of the resident as a future psychologist. It addresses the development of psychological competencies in clinical case conceptualization, consultation/supervision, research utilization/production, professional development, presentation and administration. Residents serve as participants and/or facilitators for various components of the series. This weekly seminar currently includes the following five components, each typically offered on a monthly (or quarterly) basis:

**ACT Clinical Supervision Group.** This *required* monthly offering is meant to help developing clinicians translate Acceptance and Commitment Therapy (ACT) principles into clinical practice. It includes consideration of ACT principles in the literature, case presentation and conceptualization. It offers a place to receive ongoing supervision and consultation for clinical work from an ACT perspective. It is facilitated by a staff psychologist.

**Professional Development.** This *required* monthly seminar for residents and interns considers career development issues for the future psychologist. It provides a specific opportunity to prepare for written and oral psychology licensing exams. It also allows for practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, oral exam prep, licensure, vita and cover letter critique, psychology job positions, early career options, interview skills, balancing personal and professional life, service and citizenship, publication and presentation. This seminar will also incorporate discussion of relevant articles and topics related to administration, organization, and management. It is facilitated by one or more postdoctoral residents.

**Case Conceptualization Conference.** This *required* monthly seminar for residents and interns provides an opportunity for in-depth conceptualization of selected assessment and psychotherapy cases. Cases may be considered from a number of theoretical orientations. This conference is facilitated by a staff psychologist.

**Journal Club.** This *required* monthly seminar for residents and interns offers a forum for review and discussion of current relevant articles in the field. Selected readings of topical interest are selected on a rotating basis by residents and interns, and time is set aside to discuss and debate the issues raised by these articles. This seminar is designed to encourage research-based practice. Recent topics have included treating Iraqi war veterans, treatment of female veterans with PTSD, telehealth psychotherapy, disaster intervention,

multicultural training, working with suicidal patients, and training ethical psychologists. It is facilitated by one or more postdoctoral residents.

**Research Forum.** This *required* approximately quarterly seminar provides residents and interns with the opportunity to discuss relevant research topics and opportunities within the medical center. This forum is facilitated by one or more postdoctoral residents in coordination with the Togus VAMC Research and Development Coordinator and a developing psychology research team.

### **Other Psychology Seminars and Training Opportunities**

Clinical Psychology residents also participate in the following *required* and/or *optional* educational seminar and training opportunities:

**Psychology Case Conference.** Residents are *required* to participate in regular monthly case conference presentations by Psychology Section staff, residents, and interns. They are also *required* to present at least one case conference per year within this forum.

**Clinical Psychology Seminar.** Residents are *required* to provide at least two formal presentations for this seminar, which is designed primarily for predoctoral interns to address the development of psychological competencies in assessment, psychotherapy, and consultation. Residents are *required* to participate in a five-week didactic seminar component in cultural diversity (unless they have already completed these seminars as an intern at our site), on the following topics: Human Diversity in Psychology, Counseling Native Americans, Psychotherapy with Franco-Americans, Rural Psychology, and Military/Veteran Culture. It is *optional* for postdoctoral residents to attend other relevant offerings of this seminar.

**VA Talent Management System (TMS).** In order to evaluate advanced understanding in these areas, residents are *required* to complete the following on-line training courses: Clinical Practice Guidelines for PTSD, CREW (Civility, Respect, and Engagement in the Workplace), VA Human Subjects Protection and Good Clinical Practices Course. It is *optional* for residents to participate in numerous other on-line training courses in PTSD and other relevant areas of mental health.

**Clinical Assessment Supervision Group.** This periodic *as-needed* offering involves didactic presentation, hands-on practice, and/or clinical supervision of required core assessment instruments, including WASI, MMPI-2, MCMI-III, and/or PAI. It is facilitated by the staff neuropsychologists in conjunction with other relevant psychology staff members.

**CPT Clinical Consultation Group.** This *optional* monthly training opportunity is meant to help developing clinicians translate manualized Cognitive Processing Therapy (CPT) into clinical practice. It includes consideration of the CPT manualized approach, case conceptualization, and implementation.

**PTSD Conference Calls.** Residents may participate on an *optional* basis in a monthly national or regional VA conference call addressing PTSD clinical program development, program outcome data, and related administrative issues.

**Integrated Primary Care (IPC) Collaborative Conference Calls.** Residents may participate on an *optional* basis in a periodic regional VA conference call addressing IPC clinical program development, program outcome data, and related administrative issues.

**Mental Health Grand Rounds.** Residents are encouraged to participate on an *optional* basis in periodic presentations to all mental health providers from experts in various areas of mental health.

**Dartmouth Psychiatry Grand Rounds.** Residents are invited to participate on an *optional* basis in seminars on relevant psychological topics via weekly broadcast from Dartmouth to the Riverview Psychiatric Center in Augusta.

**Kennebec Behavioral Health Training Workshops.** Residents may participate in *optional* periodic training workshops on various community mental health topics appropriate to independently licensed clinical mental health professionals.

**Professional Psychology Conferences.** Clinical Psychology residents are encouraged on an *optional* basis to attend at least one relevant national, regional, or state psychological conference during the fellowship, particularly if facility funds are available for this purpose. They may participate in the annual conference of the APA, ABCT, the Maine Psychological Association (MePA), the Association for Contextual Behavioral Science (ACBS), the International Society for Traumatic Stress Studies (ISTSS), or other professional psychological organizations. They may also participate in relevant continuing education conferences. Release time is provided and some continuing education funds may be available to attend these conferences.



## FACULTY AND RESIDENTS

### Postdoctoral Training Supervisors

**Erica L. England, Ph.D.** Dr. England earned her doctoral degree in clinical psychology from Drexel University in 2010. She is a staff psychologist at Togus and provides general outpatient mental health services, including brief mental health workshops and Integrated Primary Care mental health services. She is currently the Acting Psychology Training Director at Togus. Her professional interests include treatment outcome research, anxiety disorders, and contextual behavioral psychology.

**Jerold E. Hambright, Ph.D.** Dr. Hambright earned his doctorate in counseling psychology at Arizona State University in 1988. He is a staff psychologist within the Togus PTSD Intensive Outpatient Program. He serves as Chair of the Psychology Training Committee and as a secondary supervisor for the Clinical Psychology fellowship. His professional interests include assessment and treatment of PTSD, group therapy, acceptance and commitment therapy, and ethnic minority psychology.

**Michael S. McLaughlin, Ph.D.** Dr. McLaughlin received his doctoral degree in clinical psychology from Oklahoma State University in 2002. He is a staff psychologist and facility Health Behavior Coordinator within the Primary Care Service Line. He is a secondary supervisor for the Clinical Psychology fellowship and a member of the Psychology Training Committee. His professional interests include evidence-based treatment, outpatient dual diagnosis treatment, health promotion and disease prevention.

**David L. Meyer, Ph.D.** Dr. Meyer earned his doctorate in clinical psychology at the University of South Dakota in 2007, with a specialty in Disaster Psychology. He is a staff psychologist within the Togus PTSD Clinical Team. He is a supervisor for the Clinical Psychology fellowship. He is a member of the Psychology Training Committee, Research and Development Committee, and Institutional Review Board (IRB). Professional interests include PTSD, disaster psychology, anxiety disorders, and marital therapy.

**Chantal N. Mihm, Psy.D.** Dr. Mihm received her doctorate in clinical psychology from Nova Southeastern University in 1999. She is Coordinator for PTSD Services and Team Leader of the PTSD Clinical Team at Togus. She is a supervisor for the Clinical Psychology fellowship and a member of the Psychology Training Committee. She is Chair of the Disruptive Behavior Committee. Professional interests include PTSD, anxiety disorders, mood disorders, and issues of violent and disruptive behavior.

**Katharine E. Mocchiola, Psy.D.** Dr. Mocchiola earned her doctorate in clinical psychology from the Virginia Consortium Program in Clinical Psychology (College of William & Mary, Eastern Virginia Medical School, Old Dominion University, & Norfolk State University) in 2007. She is a staff psychologist within the PTSD Clinical Team and serves as the facility Evidence-Based Psychotherapy (EBP) Coordinator. She is a supervisor for the Clinical Psychology fellowship and a member of the Psychology Training Committee. Professional interests include PTSD, sexual trauma, women's issues, and co-occurring disorders.

**Kevin L. Polk, Ph.D.** Dr. Polk received his doctoral degree in clinical psychology from Oklahoma State University in 1989. He is Director of Psychology at Togus. He is a member of the Psychology Training Committee. His professional interests include advancement of Acceptance and Commitment Therapy for the treatment of PTSD for returning veterans and Acceptance and Commitment Training for the community.

## **Postdoctoral Psychology Consultants**

**Frederic C. Craigie, Ph.D.** Dr. Craigie received his doctorate in clinical psychology from the University of Utah in 1978. He serves as psychologist and faculty at the Maine-Dartmouth Family Medicine Residency and is Associate Professor of Community and Family Medicine, Dartmouth Medical School. Professional interests include spirituality and health, behavioral sciences in primary care medicine, and brief, solution-focused therapy with adults and couples. He is a consultant for the Clinical Psychology fellowship and a seminar presenter.

**Teresa M. Mayo, Psy.D.** Dr. Mayo obtained her doctorate in clinical psychology from the University of Denver in 1996. She is Supervising Psychologist at the Riverview Forensic Assertive Community Treatment (ACT) Team of the State of Maine. Professional interests include group therapy, trauma, and inpatient treatment of serious mental illness. She is a consultant for the Clinical Psychology fellowship and a seminar presenter.

**Karen K. Mosher, Ph.D.** Dr. Mosher completed her Ph.D. in clinical psychology at Purdue University in 1979. She is the Clinical Director at Kennebec Behavioral Health. Professional interests include the identification and application of best practices, personality disorders, child maltreatment, and program administration. Dr. Mosher is a consultant for the Clinical Psychology fellowship and a member of the Psychology Training Committee.

**William T. Norfleet, M.D.** Dr. Norfleet obtained his medical degree from the University of Missouri School of Medicine in 1982. He is board certified in anesthesiology. He is the Coordinator for Research and Development at the Togus VAMC. Professional interests include anesthesiology and environmental physiology. He serves as our psychology research consultant.

**Sandra Sigmon, Ph.D.** Dr. Sigmon obtained her doctorate in clinical psychology at the University of North Carolina at Greensboro in 1989. She is a Professor of Psychology at the University of Maine. Professional interests include seasonal affective disorder, coping and health, women's physical and mental health, and research ethics. She is a consultant for the Clinical Psychology fellowship and a seminar presenter.

**Susanne Stiefel, Ph.D.** Dr. Stiefel earned her doctorate in counseling psychology at Arizona State University in 1986. She is a staff psychologist within the Togus Mental Health Clinic. Her clinical interests are individual, group, and family therapy of adults. She is a consultant for the Clinical Psychology fellowship and a member of the Psychology Training Committee.

## **Psychology Consultants and Other Contributors**

**Stephen H. Adams, D.O.** Dr. Adams received his degree from the Philadelphia College of Osteopathic Medicine in 1993. He is board certified in psychiatry and neurology. He serves as staff psychiatrist at the Togus Mental Health Clinic. Professional interests include adult psychiatry. He is a psychopharmacology seminar presenter.

**John D. Agee, Ph.D.** Dr. Agee earned his doctorate in clinical psychology from the University at Albany in 2006. He formerly served as team leader for the Integrated Primary Care (IPC) program at Togus VAMC, and currently works in private practice at the Brain Clinic of Central Maine, providing neuropsychological assessments and time-limited psychotherapy. His professional interests include integration of mental health in medical settings, and mindfulness- and acceptance-based interventions, particularly as applied to the treatment of chronic pain and anxiety disorders. He is a consultant to the psychology training program and a psychology seminar presenter.

**Debra Baeder, Ph.D., ABPP (FP).** Dr. Baeder earned her doctoral degree in clinical psychology from the Fielding Graduate Institute in 2000. She is Board Certified in Forensic Psychology. She is Chief Forensic Psychologist for the State Forensic Service. Her professional interests include forensic evaluation and treatment issues, adolescent psychopathology, juvenile competence to proceed, and issues pertaining to “restoration of sanity” for insanity acquittees. She is an internship supervisor, psychology consultant, and member of the Psychology Training Committee.

**Patricia A. Black-Gould, Ph.D.** Dr. Black-Gould received her doctoral degree in clinical psychology from the Fielding Graduate University in 2005. She is a staff psychologist at Togus and conducts Compensation and Pension (C&P) exams. She is a member of the Psychology Training Committee. Her professional interests include Compensation and Pension exams and Social Skills Training.

**Mary Alyce Burkhart, Ph.D.** Dr. Burkhart obtained her doctorate in clinical psychology from Oklahoma State University in 1989. She is a licensed psychologist in private practice. Professional interests include adolescents, children, family therapy, and treatment of reactive attachment disorder. She is a psychology consultant and seminar presenter.

**Joshua E. Caron, Ph.D.** Dr. Caron earned his doctoral degree in clinical psychology from the University of Nevada—Las Vegas in 2006. He is a staff neuropsychologist at Togus. His professional interests include traumatic brain injury, dementia, and forensic neuropsychology. He is a psychology consultant, seminar presenter, and member of the Psychology Training Committee.

**John Collins, M.D.** Dr. Collins received his degree from Michigan State University in 1997. He serves as staff psychiatrist for the Togus PTSD Clinical Team. Professional interests include PTSD and military veterans. He is a seminar presenter on the topic of military/veteran culture.

**Glen Davis, Ph.D.** Dr. Davis earned his doctorate in clinical psychology from the University of Vermont in 1985. He is Psychology Director at MaineGeneral Medical Center, and Director of Psychology at the Edmund Ervin Pediatric Center. He currently serves as chairperson of the Board of Examiners of Psychologists of Maine. Professional interests include evaluation and treatment of psychological and developmental disturbance in children, including anxiety disorders, disruptive behavior disorders, and autism. He is an internship supervisor, psychology consultant, and member of the Psychology Training Committee.

**Lynne B. Drinkard, Psy.D.** Dr. Drinkard earned her doctorate in clinical psychology from Widener University in 1995. She is a Staff Psychologist within the Togus VA Home-Based Primary Care program. Professional interests include home-based primary care and geriatric psychology. She is an internship rotation supervisor, consultant, seminar presenter, and member of the Psychology Training Committee.

**Maggie Fitzgerald.** Maggie serves as Medical Support Assistant for Mental Health Services. At work she particularly enjoys data management tasks.

**Barbara L. Hainke.** Ms. Hainke is the Secretary for Psychology Section/PTSD Program. At work she has a strong interest in computers.

**Thomas A. Knox, Ph.D.** Dr. Knox received his doctorate in counseling psychology from Colorado State University in 1987. He is a licensed psychologist in private practice. Professional interests include therapy and consultation within a primary care setting and consultation regarding major mental illness. He is a psychology consultant and seminar presenter.

**Ann LeBlanc, Ph.D., ABPP (FP).** Dr. LeBlanc obtained her doctorate in counseling psychology from Ohio State University in 1982. She is Board Certified in Forensic Psychology. She is director of the Maine State Forensic Service. Professional interests are in the area of forensic psychology. She is a psychology consultant and seminar presenter.

**Kathryn Graff Low, Ph.D.** Dr. Low received her doctorate in counseling and health psychology from Stanford University in 1991. She is a Professor of Psychology and Chair of the Psychology Department at Bates College. Professional interests include women's health research and the teaching of psychology. She is a psychology consultant and seminar presenter.

**Neil MacLean, Ed.D.** Dr. MacLean earned his doctorate at the University of Maine at Orono in 1973. He is a licensed psychologist in private practice. His interests are primarily in the area of forensic psychology. He is a psychology consultant and seminar presenter.

**Peter MacMullan, Psy.D.** Dr. MacMullan obtained his doctorate in clinical psychology from Rutgers University in 1993. He is staff psychologist and Team Leader of the Togus Suicide Prevention program. Professional interests include family therapy, substance abuse, and suicide prevention. He is a psychology consultant and seminar presenter.

**Robert Maierhofer, Ph.D.** Dr. Maierhofer received his doctorate in counseling psychology from Michigan State University in 1984. He is a licensed psychologist in private practice. Professional interests include marital therapy, personality assessment, and school consultation. He is a psychology consultant and seminar presenter.

**Martha A. McIntosh, Ph.D.** Dr. McIntosh earned her doctorate in clinical psychology from Texas A&M University in 1991. She is Staff Psychologist at the Caribou VA Mental Health Clinic. Professional interests include psychological assessment, posttraumatic stress disorder, and rural psychology. She is a consultant and seminar presenter.

**Douglas Nangle, Ph.D.** Dr. Nangle obtained his doctorate in clinical psychology from West Virginia University at Morgantown in 1993. He is a Professor of Psychology and Director of Clinical Training at the University of Maine. Professional interests include advanced clinical assessment, and child and adolescent psychotherapy. He is a psychology consultant, seminar presenter, and member of the Psychology Training Committee.

**Joyce A. Penta, Ph.D.** Dr. Penta earned her doctorate in general experimental psychology from the University of Vermont in 1990; she completed re-specialization in Clinical Psychology at the University of Maine in 2001. She is a Staff Psychologist within the Togus VA Home-Based Primary Care program. Professional interests include home-based primary care. She is a consultant and seminar presenter.

**Philip S. Pierce, Ph.D., ABPP (CL).** Dr. Pierce earned his doctorate in clinical psychology at the University of South Carolina in 1971. He is Board Certified in Clinical Psychology. He is a staff psychologist at Togus and conducts Compensation & Pension (C&P) exams. He is a psychology consultant and seminar presenter.

**Jo Pluard.** Jo serves as a Program Support Assistant for Mental Health Services.

**Edward Quinn, Ph.D.** Dr. Quinn obtained his doctorate in clinical psychology from the State University of New York at Binghamton in 1996. He is a licensed psychologist in private practice. Professional interests include psychoanalysis, trauma, anxiety, and substance abuse. He is a psychology consultant and seminar presenter.

**Christine B. Ramsay, Ph.D.** Dr. Ramsay received her doctoral degree in clinical psychology from the University of Connecticut. She is a staff neuropsychologist at Togus and a member of the Psychology Training Committee. Her professional interests include adult manifestations of Attention-Deficit/Hyperactivity Disorder and learning disabilities, the effects of neurotoxic chemical exposure on brain functioning, and hypnosis. She is a psychology consultant and member of the psychology training committee.

**Robert A. Riley, Psy.D., ABPP (CN).** Dr. Riley earned his doctorate in clinical psychology from Indiana University of Pennsylvania in 2000. He is Board Certified in Clinical Neuropsychology. He is a neuropsychologist in private practice. Dr. Riley's professional interests include neuropsychological assessment, memory intervention and rehabilitation, clinical research, and test development. He is a psychology consultant and seminar presenter.

**Charles Robinson, Ph.D.** Dr. Robinson received his doctorate in clinical psychology from the University of South Carolina in 1971. He is a forensic psychologist in private practice. Professional interests include trauma, violence, sexuality, and memory. He is a psychology consultant and seminar presenter.

**Kristy Rowe.** Kristy is the Administrative Officer (AO) for the Mental Health Service Line.

**Dana B. Sattin, Ph.D.** Dr. Sattin earned his doctorate in clinical psychology at Duke University in 1974. He serves as Clinical Neuropsychologist at MaineGeneral Medical Center, Augusta Campus and the Sheepscot Valley Health Center. Professional interests include clinical neuropsychology, dissociative disorders, and trauma-related emotional disorders. He is a psychology consultant, seminar presenter, and member of the Psychology Training Committee.

**Maryanne Shaver, Psy.D.** Dr. Shaver earned her doctorate in clinical psychology from Baylor University in 1986. She is staff psychologist at the Bangor VA Mental Health Clinic. Professional interests include PTSD and the treatment of sexual trauma. She is a consultant and seminar presenter.

**James R. Sisung II, Psy.D.** Dr. Sisung earned his doctorate in clinical psychology from Adler School of Professional Psychology in 2007. He is a staff neuropsychologist at Togus. Dr. Sisung's professional interests include adult neuropsychological assessment, pediatric/developmental neuropsychology, forensic neuropsychology, ecological validity, and competency assessment. He is a psychology consultant, seminar presenter, and member of the Psychology Training Committee.

**Geoffrey L. Thorpe, Ph.D., ABPP (BP).** Dr. Thorpe completed his clinical psychology degree at Rutgers University in 1973. He is Board Certified in Behavioral Psychology. He is a Professor of Psychology at the University of Maine. Professional interests include behavior therapy, anxiety disorders, ethics and law. Dr. Thorpe is a psychology consultant and seminar presenter.

**Mary Tibbetts, M.D.** Dr. Tibbetts is the Director of Mental Health Services for the VA Maine Healthcare System. She is also a staff psychiatrist within the Togus Mental Health Clinic.

**Frederick A. White, Ph.D.** Dr. White received his doctorate in counseling psychology from The Pennsylvania State University in 1993. He is a licensed psychologist in private practice, with professional interests in the area of psychotherapy, assessment, primary prevention, and supervision. He is a psychology consultant and seminar presenter.

**Frank Willard, Ph.D.** Dr. Willard obtained his doctorate in anatomy and neurobiology from the University of Vermont College of Medicine in 1980. He is Professor of Anatomy at the University of New England College of Osteopathic Medicine. Professional interests include neuroanatomy, spinal anatomy, and pain pathways. He is a consultant to our program in the areas of neuroanatomy and neuropathology training.

**Bruce Williams, J.D.** Mr. Williams earned his degree from Franklin Pierce Law Center in 1981. He is Senior Principal Attorney for the U.S. Department of Veterans Affairs. Professional interests include alternative dispute resolution, public sector labor-management relations, medical malpractice, and medical-legal ethics. He is a seminar presenter.

**Margaret M. Zellinger, Ph.D., ABPP (CN).** Dr. Zellinger received her doctorate from Purdue University in 1983. She is Board Certified in Clinical Neuropsychology. She is a neuropsychologist in private practice. Professional interests include neuropsychology, major mental illness, patient and family education, behavioral medicine, and group treatment. She is a psychology consultant and seminar presenter.



## Psychology Residents

Following is a summary of the *degree programs* and *internships* of our recent **Clinical Psychology** residents:

2011-2012	Psy.D., Clinical Psychology, Argosy University Spring Grove Hospital Center
	Psy.D., Clinical Psychology, Rutgers University Kings County Hospital Center
2010-2011	Ph.D., Clinical Psychology, Drexel University Togus VA Medical Center
	Ph.D., Clinical Psychology, Bowling Green State University Hines VA Medical Center
2009-2010	Ph.D., Clinical Psychology, University of Louisville Togus VA Medical Center
2008-2009	Ph.D., Clinical Psychology, University of Maine University of Florida Health Science Center, Gainesville
2007-2008	Psy.D., Clinical Psychology, Virginia Consortium Program White River Junction VA Medical Center
2006-2007	Ph.D., Clinical Psychology, University at Albany - SUNY Togus VA Medical Center
2005-2006	Ph.D., Clinical Psychology, University at Albany - SUNY Northampton VA Medical Center
2004-2005	Ph.D., Clinical Psychology, St. John's University Togus VA Medical Center

## The Psychology Training Committee (2011-2012)



Front row, left to right:

Carol Ann Faigin, Ph.D. (Clinical Resident), David Faigin, Ph.D. (Research Resident), Patricia A. Black-Gould, Ph.D., Jerold E. Hambright, Ph.D. (Chair, Psychology Training Committee), Chantal N. Mihm, Psy.D., Marjorie Crozier, M.A. (Intern), Abby Hurley, M.A. (Intern), and Erica England, Ph.D. (Acting Psychology Training Director).

Back row, left to right:

Martin Morthland, Ph.D., Kevin L. Polk, Ph.D. (Director of Psychology), Joshua E. Caron, Ph.D., David L. Meyer, Ph.D., and Heather Pedersen, M.A. (Intern).

Missing from photograph:

John D. Agee, Ph.D., Debra Baeder, Ph.D., Glen Davis, Ph.D., Lynne Drinkard, Psy.D., Michael A. McLaughlin, Ph.D., Katharine E. Mocchiola, Psy.D., Karen K. Mosher, Ph.D., Douglas Nangle, Ph.D., Dana B. Sattin, Ph.D., Christine Ramsay, James R. Sisung II, Psy.D., and Susanne Stiefel, Ph.D.

## APPLICATION PROCEDURES

### Eligibility

Eligibility requirements of candidates for the Togus Post-Doctoral Psychology Fellowship are as follows:

- You must be a citizen of the United States.
- You must have completed all doctoral degree requirements from an APA-accredited doctoral program in clinical or counseling psychology before beginning the postdoctoral training.
- You must have completed an APA-accredited psychology internship in clinical or counseling psychology before beginning the postdoctoral training.

If you have not yet completed your internship and degree by the time of the application, the Training Directors of both your internship and doctoral programs must verify that you are on track to complete these requirements prior to the start of the postdoctoral fellowship (no later than August 31). *On the first day of the fellowship you must have in hand an official transcript verifying your doctoral degree or a letter from the Director of graduate studies verifying the completion of all degree requirements pending institution graduation ceremony.*

### Selection Process

The selection process for Clinical Psychology residents is described below. The Veterans Affairs Medical Center at Togus is an Equal Opportunity Employer. Student opportunities in the federal government are based on qualifications and performance, regardless of race, color, creed, religion, age, sex, national origin, or disability.

**Application review.** Following receipt of completed applications, each application is screened by at least one postdoctoral supervisory psychologist and reviewed with the Training Director to determine a list of candidates for each position who will be invited for interview.

The considerations in this initial screen are reputation and quality of your graduate training program and internship, graduate GPA, depth and breadth of your supervised training experience, stated interests and goals consistent with what our program can offer, and cultural diversity. We do not rely on specific cutting scores; an applicant with credentials that are outstanding in one area but weaker in another area may still be invited for interview.

Following review of applications, selected applicants will be notified by e-mail and contacted to schedule an interview. As soon as possible, released applicants may be notified by e-mail that they no longer remain under current consideration.

**Interview.** Individual interviews are scheduled for selected applicants under consideration. The interview is heavily weighted in the final ranking of candidates.

Because of the importance of the interview in our selection decision, in-person interviews are encouraged. In-person interviews are typically scheduled for a five-hour period, including a tour of the facility. Applicants meet with the Training Director and at

least two other supervisory staff for 30-60 minute interviews (Effort is made to schedule interviews with staff in the applicant's stated rotations of interest, but follow-up telephone contact may be made when scheduling difficulties preclude this).

Telephone interviews are granted for applicants who are unable to travel to our site. Telephone interviews last one hour, and are conducted on a speakerphone with the Training Director and at least one additional psychologist.

Through the interview process, prospective supervisory psychologists will evaluate your existing competencies, training needs and interests, clinical judgment, critical thinking, interpersonal presentation, professionalism and character. We will also attempt to identify unique qualities that you may bring to the program. This information will be integrated with the information from your application, including a more detailed consideration of your specific assessment and therapy experiences.

**Final ranking.** Following completion of all interviews, candidates for each fellowship position are evaluated on the dimensions of program quality, academic record/grades, assessment, therapy, research/scholarly productivity, interests/goals, letters of reference, and interview. In addition, we may follow-up with references. These evaluations are summarized to provide a preliminary ranking of appropriate candidates.

Following interviews, the training selection committee meets to review the preliminary ranking and to make adjustments in the final ordering. These adjustments are based on the relatively greater importance we place on interview, references (written and oral), the specific nature of the experience/needs of the applicants, and the diversity of the fellowship class.

**Selection.** The Postdoctoral Fellowship Program at Togus VAMC abides by the Uniform Notification Date with Option for Reciprocal Offer (UNDr), now required for all Association of Psychology Postdoctoral and Internship Centers (APPIC)-member non-neuropsychology postdoctoral programs. The following information is adapted from APPIC's official statement regarding the UNDr (further information is available at [www.appic.org](http://www.appic.org)):

The Uniform Notification Date (UND) for the 2012-2013 postdoctoral year is scheduled for **March 14, 2012**. On that date at **12:00 noon EDT**, the selection committee for the postdoctoral program will extend offers to the top-ranked applicants. (APPIC programs may not make offers prior to this date except in the case of a reciprocal offer, described below.) Once an offer is made, the applicant may accept, decline, or hold the offer for up to four hours (at which point the candidate must either accept or decline; otherwise, the offer is no longer valid). Candidates may not hold more than one offer at a time. Once a candidate accepts an offer they should call the remaining programs that are lower on their preference list and inform them that they no longer wish to be considered at those facilities. Postdoctoral Training Directors will contact all applicants on the day of the UND to inform them of the status of the position.

Candidates who have been made an offer from a non-APPIC site (whether a postdoctoral program or job offer) requiring a decision prior to the UND may

contact an APPIC site to request a reciprocal offer. The candidate should indicate the name of the program making the competing offer and how long they have been allowed to hold their offer. Before making a reciprocal offer to the candidate, the APPIC site must obtain verification of the offer by calling the candidate's Internship Training Director and/or asking the applicant for written verification of the competing offer (e.g., a faxed or scanned letter or a forwarded e-mail).

When an APPIC program makes a reciprocal offer, the candidate is expected to accept immediately. The acceptance is binding. If a program declines to make a reciprocal offer, only then is the candidate permitted to contact another site indicating it is (now) their #1 choice.

For Clinical Psychology fellowship positions, the selection committee will extend offers to the top ranked applicants on the UND (as described above). If initial offers are not accepted, we will continue as possible to extend offers down the rank ordered list until the available Clinical Psychology fellowship positions are filled with suitable candidates. As noted above, per APPIC policy, acceptance of a reciprocal offer (i.e., to an applicant who has received a competing offer prior to the UND) is binding.

Appointment of applicants to positions may be contingent upon the applicants satisfying certain eligibility requirements, specifically including successful completion of doctoral degree and internship, a security check through our VA Police Department, and a VA physical examination or the equivalent verifying fitness for duty.

#### **Summary of relevant dates for 2012 Selection.**

Application Deadline:	January 15, 2012
Notification of Interview Selection or Release:	As soon as possible
Interviews:     At Togus VAMC	February 3-17, 2012
Notification of Fellowship Selection: (Uniform Notification Date)	March 14, 2012 12:00 pm EDT

## Application Instructions

Thank you for your interest in the Togus Postdoctoral Psychology Fellowship program. To apply, please submit the following information:

- Togus Postdoctoral Application Form (included at the end of this brochure)
- Letter of interest outlining your postdoctoral fellowship and career goals
- Current curriculum vita
- Official transcript verifying your doctoral degree  
(or verification of eligibility and readiness from your doctoral Training Director that you are on track to complete your doctorate no later than August 31.)
- Certificate of internship copy  
(or verification of eligibility and readiness from your internship Training Director that you are on track to complete internship no later than August 31.)
- Official graduate transcripts (from all programs that you have attended)  
(Photocopies are acceptable for initial review.)
- Three letters of recommendation (from faculty and/or clinical supervisors)

The application deadline for the Clinical Psychology fellowship is **January 15**. Please ensure that all of the information listed above is sent to us by the appropriate date so that your application will be complete and ready for review. **Please send all application materials in one envelope.** Transcripts and letters of recommendation should be signed across the envelope seal. All application materials should be sent to:

**Psychology Training Director  
Togus VA Medical Center  
1 VA Center (116B)  
Augusta, Maine 04330**

If further information would be helpful, please contact us by e-mail at [erica.England@va.gov](mailto:erica.England@va.gov) or by phone at (207) 623-8411, ext. 4706. We look forward to hearing from you, and we wish you well in your quest for a postdoctoral fellowship that best meets your training needs.

**TOGUS VA MEDICAL CENTER/ VA MAINE HEALTHCARE SYSTEM  
APPLICATION FOR  
CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP  
2012-2013**

**BACKGROUND**

**Applicant Name:** @

**Social Security No. :** @  
*(Optional, recommended for application to this federal agency)*

**Home Address:** @  
@  
@

**Work Address:** @  
@  
@

**Phone (Home):** @

**Phone (Work):** @

**Phone (Cell)** @

**FAX:** @

**E-Mail:** @

**What is your country of citizenship?** *(Put an "X" next to one choice.)*

@ U.S.

@ Canada

@ Other (Specify: @)

**Are you a veteran?** @ Yes

@ No

**Applicant Name:** @

**EDUCATION**

**What is the university/institution, department, and address of your doctoral degree program?**

@  
@  
@

**What doctoral degree have you earned (or are you seeking)?**

*(Put an "X" next to only one choice.)*

@ Ph.D.  
@ Psy.D.  
@ Ed.D.  
@ Ph.D./J.D.  
@ Certificate/Respecialization (Specify: @)  
@ Other (Specify: @)

**What is the designated subfield of your doctorate in Psychology?**

*(Put an "X" next to only one choice.):*

@ Clinical (adult track)	@ Health
@ Clinical (child track)	@ Neuropsychology
@ Clinical (general)	@ School
@ Counseling	@ Respecialization Program
@ Developmental	@ Combined (Specify: @)
@ Educational	@ Other (Specify: @)

**What is the status of your doctoral training program?**

*(Put an "X" next to all that apply.):*

@ APA-Accredited	@ CPA-Accredited
@ APA-Accredited, on probation	@ CPA-Accredited, on probation
@ Not Accredited	

**What is your Department's Training Model** (ask your Training Director if unsure):

@ Clinical Scientist	@ Practitioner-Scholar
@ Scientist-Practitioner	@ Practitioner
@ Other - specify: @	

**When did you complete (or do you expect to complete) all doctoral degree requirements, including dissertation (if applicable)?** *(Please include a copy of your doctoral degree transcript, or verification from your doctoral Training Director that you are expected to complete all degree requirements prior to the start of the postdoctoral fellowship, no later than August 31.)*

@ / @ / @ (mm / dd / yyyy)



**Applicant Name:** @

**INTERNSHIP**

**What is the institution, department, and address of your predoctoral psychology internship?**

@  
@  
@

**What is the designated subfield of your predoctoral psychology internship?**

*(Put an "X" next to only one choice.):*

@ Clinical (adult track)	@ Health
@ Clinical (child track)	@ Neuropsychology
@ Clinical (general)	@ School
@ Counseling	@ Respecialization Program
@ Developmental	@ Combined (Specify: @)
@ Educational	@ Other (Specify: @)

**What is the status of your predoctoral psychology internship program?**

*(Put an "X" next to all that apply.):*

@ APA-Accredited	@ CPA-Accredited
@ APA-Accredited, on probation	@ CPA-Accredited, on probation
@ Not Accredited	

**What is your Internship's Training Model** (ask your Training Director if unsure):

@ Clinical Scientist	@ Practitioner-Scholar
@ Scientist-Practitioner	@ Practitioner
@ Other - specify: @	

**What formal training rotations did you complete (or do you expect to complete) during your internship?**

1. @  
2. @  
3. @  
4. @  
5. @

**When did you complete (or do you expect to complete) your predoctoral psychology internship?** *(Please include a copy of your certificate of internship or verification from your internship Training Director that you are expected to complete all internship requirements prior to the start of the postdoctoral fellowship, no later than August 31.)*

@ / @ / @ (mm / dd / yyyy)

**Applicant Name:** @

**REFERENCE INFORMATION**

**Please list names, addresses, phone numbers, and e-mail addresses of your graduate and internship training directors and three individuals who will be forwarding letters of recommendation:**

**Doctoral Training Director:**

Address: @

@

@

Phone: @

E-Mail: @

**Internship Training Director:**

Address: @

@

@

Phone: @

E-Mail: @

**Reference #1:**

Address: @

@

@

Phone: @

E-Mail: @

**Reference #2:**

Address: @

@

@

Phone: @

E-Mail: @

**Reference #3:**

Address: @

@

@

Phone: @

E-Mail: @

**Applicant Name:** @

**PROFESSIONAL CONDUCT**

**Please answer ALL of the following questions with “YES” or “NO”: (If yes, please elaborate)**

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?

@

2. Are there any complaints currently pending against you before any of the above bodies?

@

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

@

4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

@

5. Have you ever been convicted of an offense against the law other than a minor traffic violation?

@

6. Have you ever been convicted of a felony?

@

**Applicant Name:** \_\_\_\_\_ @

### **APPLICATION CERTIFICATION**

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as a resident or dismissal from a fellowship position. I authorize the fellowship site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all fellowship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the fellowship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future.

I further understand that it is my responsibility to inform the fellowship site to which I have applied if a change in my status with my academic program (e.g., being placed on probation, being dismissed, etc.) occurs subsequent to the submission of my application or selection.

If I am accepted and become a resident, I expressly agree to comply fully with the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association which are applicable. I also agree to comply with all applicable state and federal laws, all of the Rules and Code of Conduct of the State Licensing Board of Psychology, and the rules of the institution in which I am a resident.

I understand and agree that, as an applicant for the psychology fellowship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications, performance, and character, in whatever form maintained, may be provided by my academic program and/or internship site to the fellowship training site to which I have applied and/or may be selected. I further agree that, following any fellowship selection, similar information may be provided by the fellowship site to my graduate program and/or internship site, and by my graduate program and/or internship site to the fellowship site. I understand that such exchange of information shall be limited to my graduate program, internship program, and/or the fellowship site, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_